Louthan Gunworks

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WORK ORDER Name:			No PO Boxes Address:	
			Zip:	
DESCRIPTION OF WORK				
Make:	Model:	Cal:	Serial #:	
			C. 1. (D.);	
Please list all parts to the Coated:			Color/Pattern:	
Ex. AR15 Lower Receiver			Graphite Black	
For more space use back	of form			
**If sending in a serialize do so will result in delays		e a photocopy of your currer	nt Driver's License or FFL. Failure to	
Disassembly/Reassembl _y	y by Louthan Gunworks Requ	nired No Yes		
Notes/Comments:				
How did you be early				
now did you near about	us?			
Signature:		Date:		